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AUTHOR Wasman, Marcy
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ABSTRACT

The evaluation report examines the Dade-Monroe Multiagency Network for Severely Emotionally Disturbed (SED) Students, a 3-year regional (Florida) project to improve education, mental health treatment, and residential services for this population. The program's main components--a regional case management system, a computerized information system, and an interagency council--were designed to address three major state mandated goals: provision of a complete array of services to SED students; improvement of existing services; and continuous multiagency planning, implementation, and evaluation of services. Evaluation methodology included survey instruments, interviews, and examination of relevant records/documents. Major findings of the evaluation included the following: an increase in the numbers of students identified as SED though fewer services per student were provided; improvement in communication, coordination, and cooperation among school programs and agencies; no improvement in the time interval before a student begins receiving services; improvement in the flow of information and implementation of the computerized information system; and provision of case management services by Network staff. Among recommendations are continuation of the project, increased funding levels, and provision of inservice training to agency staff. Appendices include the school/agency survey instrument and the interagency council interview form. (DB)

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DADE COUNTY PUBLIC SCHOOLS

ED286338

EVALUATION OF THE DADE-MONROE MULTIAGENCY NETWORK FOR SEVERELY EMOTIONALLY DISTURBED STUDENTS

OFFICE OF EDUCATIONAL ACCOUNTABILITY
PROGRAM EVALUATION DEPARTMENT

SEPTEMBER 1985

EC 200522

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Evaluation of the Dade-Monroe Multiagency Network For Severely Emotionally Disturbed Students

Principal Evaluator/Author: Marcy Wasman, Ph.D.

DADE COUNTY PUBLIC SCHOOLS
Office of Educational Accountability
1450 N.E. Second Avenue
Miami, Florida 33132

September 1985

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EXECUTIVE SUMMARY

The Dade-Monroe Multiagency Network for Severely Emotionally Disturbed Students is a regional project funded by the Florida Department of Education. The purpose of the Network is to improve education, mental health treatment, and residential services for severely emotionally disturbed (SED) youths in Dade and Monroe Counties. Though the state initially planned to fund the Network only for a two year period, funding for a third year (July 1, 1985-June 30, 1986) has been awarded.

The three main components of the project -- a regional case management system, a computerized information system, and an interagency council -- were designed to address the three major state mandated goals. These goals are 1) to provide a complete array of services for SED students, 2) to improve existing services, and 3) to have continuous multiagency planning, implementation, and evaluation of services.

The funding period for the Network began as of August 1, 1983. The project was fully staffed by November 14, 1983, and the Interagency Council held its first meeting the following month. Currently, the regional case management system and the council are fully operational. The computerized information system was still in the process of being developed at the time of the evaluation.

The evaluation of the Network was designed to assess the extent to which the project met the three state goals, as well as to meet, to the extent possible, the evaluation guidelines originally recommended by the state. The major evaluation questions addressed the state goals. The evaluation was conducted by means of 1) survey instruments distributed to school and agency personnel involved with or knowledgeable of case management services for SED students, 2) interviews with members of the Interagency Council and SED program personnel, and 3) an examination of relevant records/documents. Caution must be taken in inferring that the Network was responsible for the results found as other potential influencing factors could not always be controlled, and there were difficulties in collecting some of the data. In addition, it is important to recognize that this is a new project. As such, much effort was expended by project staff in laying the groundwork for future change, and the project's true impact may not yet be evident.

Results

The following are highlights from the results of this investigation.

A. During the period from Fall 1982 through Fall 1984, growth occurred in the number of students identified as SED, coinciding with the opening of new programs. The Network was involved as an advocate for some of these. Most school and agency personnel surveyed considered the placement of students in SED programs as having improved since the Network began. SED programs witnessed an erosion in services during this time, with fewer services per student available since the Network's implementation. These reductions were minimized somewhat by the project's facilitation and initial funding of interagency agreements to provide additional services at school sites, as well as advocacy efforts at state and local levels to maximize funding for services. It should be noted that two service contracts were initiated during the school year but were outside of the data collection period (November 1984 and March 1985). The Network was per-

ceived as having contributed to slight improvements in the provision of case management services and in the quality of clinical and educational services. It was found that some services, e.g. residential treatment, were very difficult to access and that the availability of particular services varied with the program site. Significantly fewer services were available to SED students in Monroe County than in Dade County.

B. The Network was seen as providing a very important function in bringing individuals involved with SED students together. Communication, coordination, and cooperation among school programs and agencies greatly improved. The Interagency Council was an important vehicle in this process. Some difficulties still remain. At times, communication and information sharing has been inadequate, and some negative feelings exist between some school programs and/or agencies. The Council has provided a forum for the identification of issues and attempts to resolve them. Services have been the primary focus, with efforts to improve them being aimed at influencing budgetary and legislative decisions and the plans and designs for services, such as the crisis stabilization unit for District XI and the deinstitutionalization of South Florida State Hospital. Though most members of the Council expressed satisfaction with its progress, a sizeable minority (29%) indicated that they were dissatisfied with its effectiveness and thought increased action was needed. Council members were quite positive regarding the functioning of the entire Network and were even more enthusiastic in their appraisal of the project's staff. It was apparent, though, that many Council members lacked knowledge about the Network as a whole.

C. The time interval for a student to begin receiving the services of an SED program has not improved. The length of time for some phases of the placement process has increased somewhat. No pattern of changes was apparent when the data were examined over each of the semesters studied. There was a significant improvement in the timeliness of students going to an SED program after being discharged from a hospital or residential facility. As a result of the Network's efforts, the facilities provided much earlier notification of pending discharges in the Fall of 1984 than during Fall 1983 (an average of 25.3 work days versus 12.6). Students spent less time without a school placement in Fall 1984 than in Fall, 1983. The Network also helped reorganize the transition procedures to increase their efficiency.

D. The sharing and flow of information was seen as improved since the inception of the Network. While refinements in the data base must be made, a main component of the project, the computerized information system, is operational. It was, however, beset by a number of delays, some of which resulted from the decision to design a very comprehensive system and others which were beyond the Network's control, e.g. the late delivery of computer hardware and software. Almost half of the respondents to the survey lacked awareness of the system.

E. The Network staff has accomplished a tremendous amount of work including the provision of case management services, aiding in the coordination of students entering and exiting hospital and residential facilities, organizing the Interagency Council, developing the computerized information system, and conducting in-service training. The Network has identified many more areas of need than can be effectively dealt with given the size of its staff and its resources.

RECOMMENDATIONS

Based upon the findings of the study, the following recommendations are being made.

1. Seek future funding sources to insure the continuation of the project.

2. Increase funding to the Network to provide more staff and establish more interagency service agreements.

3. Examine the current use of the human and financial resources of the Network and those available for SED students to determine if they are being put to optimal use.

4. Provide in-service training for Interagency Council members regarding the functioning of the entire Network.

5. Establish the completion of the computerized information system as a top priority.

6. Provide information to SED school program and agency personnel regarding the computerized information system and its use.

7. Seek expert advice on how to be most effective in influencing funding and policy decisions pertaining to the SED student population.

8. Continue efforts to further enhance coordination, cooperation, and communication between school programs and agencies, particularly with HRS.

9. Clarify the specific goals and direction of the Interagency Council.

INTRODUCTION

The Dade-Monroe Multiagency Network for Severely Emotionally Disturbed Students is a regional project originally funded by the Florida Department of Education for a two year period, from August 1, 1983 through July 31, 1985. The purpose of the Network is to improve the provision of education, mental health treatment, and residential services in Dade and Monroe counties for severely emotionally disturbed (SED)[1] youths between 3 and 21 years of age.

The Network's objectives and activities were designed to meet the requirements of the three major goals mandated by the State. These goals are:

1. Provision of a complete array of education, mental health treatment, and residential services for severely emotionally disturbed students;

2. Improvement of the quality of existing education, mental health treatment, and residential services for severely emotionally disturbed students; and

3. Continuous multiagency planning, implementation, and evaluation of education, mental health treatment, and residential services for severely emotionally disturbed students.

Three main project components, 1) a regional case management system, 2) a computerized information system, and 3) an interagency council, were designed to address the state goals. The facilitation of the coordination of services and continuity of care among organizations which serve SED students is a function of the regional case management system. In addition, project staff provide direct case management services for those SED students lacking an overall case manager to coordinate their services. The computerized information system has been designed to include 1) a student tracking system and 2) an agency information system, which will delineate the available services and eligibility requirements of community agencies which serve the SED population. The system, as a whole, should provide a centralized source of information pertaining to the SED student population. The Interagency Council, composed of representatives from organizations and systems that serve the SED population, was organized to provide community planning for service delivery, to promote interagency communication and coordination, and to act as an advisory group to the project.

The Network was fully staffed by November 14, 1983 and the Interagency Council held its first meeting the following month. Currently, the regional case management system and the council are fully operational. The computerized information system is operational; however, refinements in the data base are necessary.

Initially, the project was funded for a two-year period. As originally conceived, the project was to have continued functioning without state funding once it was established. However, project staff have been notified that grant money for a third year has been approved.

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[1]To avoid confusion, the program for severely emotionally handicapped (SEH) students, Monroe County's equivalent to Dade County's SED program, will be referred to as SED in the text of this report.

Background and Development

The concept of a series of regional networks, components of a statewide network for SED students, was developed by the state in order to help overcome perceived deficits in the provision of education, mental health treatment and residential services to these youngsters. Inadequacies had been found to exist in the quality and quantity of services available, the range of services provided, the coordination of services, the flow of information, timeliness of service availability, and regional planning. The result was that many SED students were not receiving the help they needed.

The state provided the Dade-Monroe Multiagency Network with an annual budget of $150,000 for a period of two years. The project's overall goal was to "assist severely emotionally disturbed students in developing appropriate behaviors, demonstrating academic and vocational competencies, decreasing dependency, and participating fully in school and community living" (Multiagency Network for Severely Emotionally Disturbed Students: Regional Project Grant, Application Instructions 1984-86, Florida Department of Education, page 3.) Although the grant period began August 1, 1983, the first member of the project staff was not hired until October 3, 1983. The project was fully staffed with a project manager, a case manager, and a secretary by November 14, 1983. Thus, the project began with delays in its projected timelines that were to continue for some activities throughout its development.

During the first two years of its existence, the Network has been involved in a wide range of activities. The initial activities of the Network staff included conducting an awareness campaign about the project and organizing the Interagency Council. The provision of a limited amount of case management services to individual SED students also began almost immediately. These services were provided for students in both counties. As of March, 1985, a total of 217 students had received some form of case management assistance. For the majority, this was in the form of indirect service, e.g. facilitating the transfer of a student from a residential/hospital facility to a school program. For a small number, primarily those students placed in a residential/hospital setting for whom there was no Health and Rehabilitative Services (HRS) or other agency caseworker, the Network staff provided more direct case management services. In conjunction with this was participation on the HRS District XI Case Review Committee for students who were being considered for HRS funding for a residential/hospital placement.

Project staff also conducted a comprehensive needs assessment to assist in identifying gaps in the system. In addition, the project manager has served as a representative to the community, participating as a member of committees and also presenting the position of the Network and the Interagency Council on various issues before policy-making groups. Another aspect of outreach has been the provision of inservice training to individuals working with SED students.

Developing the computerized information system has been a major function of the Network. Activities surrounding its development have included the purchase of computer hardware, the design of software, and the collection of the student and agency information that will form the data base of the system. Of these, the first activity was completed during data collection. Since then, other features of the system have been reported to be completed. (The progress of the computerized information system will be discussed more fully later in this report.)

The final area of activity centers around the Interagency Council. Membership in the council has grown to 30, filling all available slots. The Council organized a subcommittee structure with two standing subcommittees, the Monroe Subcommittee and the Executive Committee, and four ad hoc subcommittees. Project staff have attended all Council and subcommittee meetings and have furnished support services. The Council has been discussing and exploring issues, as well as actively taking positions and making recommendations. It has functioned in an advocacy role for the needs of SED students in Dade and Monroe counties.

DESCRIPTION OF THE EVALUATION

The evaluation of the Multiagency Network for Severely Emotionally Disturbed Students was designed to address the three state mandated goals for the project, as well as to meet, to the extent possible, the evaluation guidelines originally recommended by the state. Both process and product elements of the goals were assessed when appropriate. Data were collected from the first and second years of the project, in addition to data from previous years, for purposes of comparison. It was not possible to answer some of the evaluation questions originally posed as some data were unavailable. Also, the Network contracted outside Dade County Public Schools for a description of the behavioral characteristics of the SED population.

The following evaluation questions were formulated to assess each of the project's three major goals. The data sources and methods used to evaluate the attainment of each goal are described below. In addition, prior to beginning the formal aspects of the evaluation, informal interviews were conducted with Network staff and with staff at all school program sites in Dade County.

Evaluation Questions: Goal I

To what extent have project activities impacted on the provision of a complete array of education, mental health treatment, and residential services for SED students?

A. What changes have occurred in the following areas since the implementation of the Network?

   a. student identification as SED
   b. services received by SED students
   c. follow-up after hospital or residential treatment
   d. new services

B. What are the perceptions of case managers regarding the impact of the Network on the provision of case management services?

To assess the impact of the Network on the provision of services, several data sources were examined. When available, data were collected for semesters prior to the Network (going back to Fall 1982) and after the Network began (from Fall 1983 through Fall 1984) to allow for comparisons of before and after the implementation of the Network. The data collected included the number of students in SED placements, the range of services offered, the number of different services per child, and unmet treatment needs. This information was gathered from students' cumulative records, program records at the placement sites, records at area offices and the school computer systems of the two counties.

Follow-up after hospital or residential treatment was evaluated by examining the relationship between the referral date from hospital or residential treatment to the school system, the discharge date, and the school program entrance date. It was possible to identify and collect complete information on only a very limited number of students, as records were often incomplete and some of the information was not recorded on a regular basis. The establishment of new programs was documented when the Network was involved in their development.

Records were examined for a 50% random sample of SED students. It was possible to identify and collect complete information on only a very limited number of students, as records were often incomplete and some of the information was not recorded on a regular basis.

As an additional measure of the extent to which this goal has been met, the School/Agency Survey (see Appendix A) was developed and sent, in February 1985, to school and agency personnel who were involved in or knowledgeable of the provision of case management services. Questions were directed at their perceptions of difficulties encountered in obtaining services for students and the impact of the Network on this area. A final area assessed in regard to this goal was the computerized information system. Questions on the School/Agency Survey addressed the awareness of the system by these potential users. An evaluation of user satisfaction and of the accuracy of the computerized information was planned. However, as the computer system was not operational, implementation was not possible. Instead, the development of the computer system, with an examination of the delays and difficulties encountered, was documented.

Evaluation Questions: Goal II

How effective has the project been in improving the quality of existing education, mental health treatment, and residential services for SED students?

A. What impact has the Network had on the time interval for an SED student to receive appropriate services?

B. How do school and agency personnel perceive the impact of the Network on the quality of services and their delivery?

C. What evidence is there that agencies have demonstrated an intent to improve services for SED students?

D. Has the Network impacted on the quality of school-based SED programs?

Based on the needs assessment conducted by the Network, the informal interviews with project staff and SED school program personnel, and the state guidelines, areas needing and targeted for improvement were identified to be used as a basis for examining progress toward this goal. As part of the assessment of the Network's impact on the quality of existing services for SED students, a comparison was made of the length of time taken during the process of obtaining an appropriate placement, before and after the implementation of the Network. The School/Agency Survey also addressed the areas of timeliness and accessibility of services, cooperation between schools and agencies, quality of services delivered, and coordination of services. The agency service agreements, contracts for the provision of services by community

agencies to SED school programs, made since the beginning of the Network were documented and examined regarding their intent for improving service to the target population. The evaluation also sought to document changes in the number and extensiveness of services provided for SED students at schools. Finally, an attempt was made to gather information to allow for an examination of 1) recidivism rates, 2) type of termination from services, and 3) chronology of placements in order to contribute to an evaluation of treatment outcome. Tracking students was quite difficult as records frequently lacked the needed data and collecting existing information proved to be extremely time consuming while yielding limited information. Continued pursuit of this data was, therefore, deemed unrealistic.

Evaluation Questions: Goal III

In what ways has the project demonstrated efforts aimed at continuous multiagency planning, implementation, and evaluation of education, mental health treatment, and residential services for SED students?

A. Has there been continuous multiagency planning?

B. What were the perceptions of Interagency Council members regarding the functioning of the Network?

C. What were the perceptions of Interagency Council members regarding the functioning of the Council?

D. What procedural changes have been made to facilitate SED services?

E. Did the Network evaluate the in-service training it provided?

A content analysis of the minutes of the Interagency Council and its subcommittees was conducted for evidence of continuous planning and efforts at overcoming bureaucratic barriers. Interagency Council members were interviewed (see Appendix B) from January through March 1985 to ascertain their perceptions regarding the functioning and effectiveness of the Network and the Interagency Council. The School Board/Case Review Committee procedures in Monroe County were examined to determine if there had been any changes. Data from both Dade and Monroe school districts were sought to determine if 1) Case Review Committee cases were being reviewed for matching funds and 2) there was joint approval of residential facilities. Finally, in-service training for instructional and/or support staff provided by the Network was examined to determine if there was a formal evaluation component for assessing its effectiveness.

RESULTS

The results of the evaluation of the Network are presented in answer to the evaluation questions posed. It is important to note that this evaluation was conducted on a new project going through its formative stages of development. In its initial stages, it is normal for a project to expend much of its time, energy, and other resources on activities such as organizing, establishing procedures, and discovering and working out difficulties that impede efficient functioning, rather than focusing its initial efforts solely on the achievement of end goals. Therefore, it was considered appropriate to look at the Network with a focus on both its process of development and its outcomes, rather than to restrict the view only to the achievement of major end goals.

It is also important to recognize the limitations in the accessibility of the data and in the evaluation process that was used to generate the results that follow. First, in many areas it was not possible to control for other influencing factors besides the Network. Thus, it cannot be stated conclusively that changes in these areas were caused by the Network. Second, some problems with the data and the data collection process, e.g. incomplete records, data that were totally or partially unavailable, the lack of centralization of information, and the lack of standardization in some aspects of record keeping, contribute to the possibility of biases in the data.

Another potential source of bias in the results is the School/Agency Survey. Of 50 surveys dispatched, only 22 (44%) were completed and returned. Community agencies contributed most heavily to the low response rate. Only 4 (14%) of 28 agencies returned the survey. Thus, the results of the survey are more reflective of the experiences of individuals connected with one of the two school systems, either directly or through a co-venture agreement. It is possible that their views and experiences are different than those of individuals working in a community agency.

One-third of the survey respondents had worked at their present place of employment for less than one year and had worked with SED students in Dade or Monroe Counties for less than one year. Forty-five percent had been employed in their present setting and worked with this population for more than three years. All but one respondent had at least a moderate amount of contact with the Network. They were all able to identify, among a list of ten services, which ones were provided by the Network with no more than three errors. Seventy-seven percent had one or no errors, indicating that this group was knowledgeable about the Network. This result represented a change from statements made approximately eight months earlier during the informal interviews. At that time, program staff reported that they lacked information on the Network. Since the time of the interviews, the Network made efforts to educate staff about the project through an orientation session. Surprisingly, one-third of the survey respondents were not able to identify case management as a service provided by the Network, one of the Network's major components.

Goal I: To What Extent Have Project Activities Impacted on the Provision of a Complete Array of Education, Mental Health Treatment, and Residential Services for SED Students?

A. What Changes Have Occurred in the Following Areas Since the Implementation of the Network?

1. Student Identification As SED

The School/Agency Survey and data on the number of SED students over the past few years provided information regarding the identification of SED students. Of those who felt knowledgeable enough to respond to the item, all but one indicated that the number of SED students identified had increased since the Network began. In some support of these observations, figures reported by the Exceptional Student Education Department, Dade County Public Schools (DCPS), showed the number of SED students in Dade County remaining fairly stable from February 1983 to February 1984, and increasing by 15% by February 1985. The increase, however, from February 1982 to February 1983, before the Network, was by far the largest change, with the number of SED students growing from 136 to 318, a gain of 133% (see Fig. 1). An important factor in the growth in number of SED students identified has been the growth in school programs. Results from the survey showed 73% of those responding to the item found "moderate" to "substantial improvement" in the SED identification procedures.

2. Services Received by SED Students

Information on the services received by SED students was obtained for students entering their first SED placement from Fall 1982 through Fall 1984, excluding those entering a program that had just opened that semester. In Dade County, an attempt was made to collect data on a randomly chosen 50% sample from this group. Due to difficulties in obtaining accurate listings of new SED students for these years, it is quite possible that the actual sampling included somewhat less than 50% of the new SED students. In addition, complete data were not available for some of the students sampled. Of 175 students sampled in Dade County, complete data were available on 81 of them. For Monroe County, because the number of SED students was so small, data were collected on all new SED placements. Of 25 students sampled in Monroe County, complete data were available on 20 of them.

In Dade County, the data collected on new SED students showed some changes in the average number of services received per student over the semesters beginning with Fall 1982. There has been a steady declining trend in the average number of services received, resulting in a difference of .7 fewer services received in Fall 1984 than in Fall 1982 (see Table 1). The range of services available at school program sites from Fall 1982 through Fall 1984 has remained essentially unchanged. The services that have been available include individual therapy, various types of group therapy, parent training, family therapy, art therapy, music therapy, adaptive physical education, speech therapy, crisis intervention, occupational therapy, and psychiatric consultation. Some of these services, such as occupational and music therapy, have only limited availability. Also, the availability of particular services, other than individual and group therapies, varies among programs. Throughout the semesters examined, most students received individual therapy (71% to 85%) and group therapy (90 to 99%). (See Table 2). It should be noted that service contracts were initiated in Nov. 1984 and Mar. 1985, outside of the data collection period.

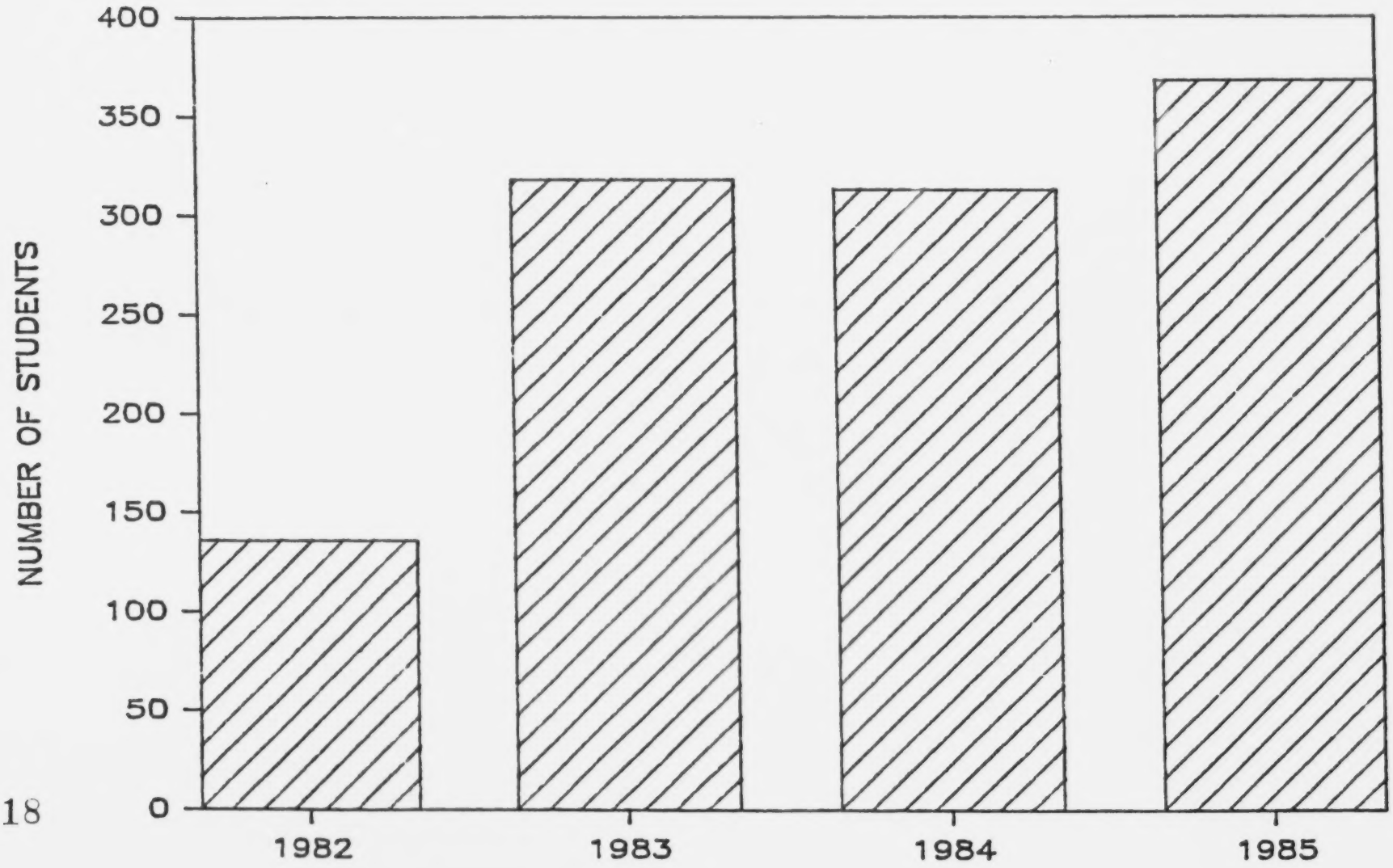

Figure 1 NUMBER OF SED STUDENTS IN DADE COUNTY

TABLE 1[a]

Number of Services Received By Students [b]

Semester	Number of Services 1	2	3	4	5	6	7	Average Number of Services Per Student
	%	%	%	%	%	%	%	
Fall 1982 (N = 21)	5	5	19	52	19	0	0	3.8
Spring/Summer 1983 (N = 20)	5	0	35	45	10	0	5	3.8
Fall 1983 (N = 23)	0	17	26	43	13	0	0	3.5
Spring/Summer 1984 (N = 20)	10	10	30	40	10	0	0	3.3
Fall 1984 (N = 33)	6	15	36	39	3	0	0	3.1

[a] Data are for Dade County only

[b] Students reported in percentages

TABLE 2[a]

Percentage of Students Receiving Selected Services

Semester	Most Frequently Provided Services				
	Individual Therapy	Group Therapy	Family Therapy	Music Therapy	Art Therapy
	%	%	%	%	%
Fall 1982 (N = 21)	71	91	19	10	43
Spring/Summer 1983 (N = 20)	85	91	45	20	40
Fall 1983 (N = 23)	74	95	35	13	39
Spring/Summer 1984 (N = 20)	80	90	35	15	45
Fall 1984 (N = 33)	79	99	36	9	48

[a] Data are for Dade County only.

The picture is quite different for Monroe County. The range of services is far more limited than that of Dade County. Until Fall 1984, the available services included group therapy, individual therapy for a very few students on a crisis basis, and parent education. In Spring 1984, the Network project provided funding for an interagency contract with the Mental Care Center of the Lower Keys for the provision of psychiatric evaluations when all available funds had been expended. When the Mental Health Center did not have the staff resources needed to provide school-based follow-up psychiatric consultation services, the Network provided funding for both evaluation and consultation services from from a private psychiatrist. These services had been discontinued previously to try to implement interagency service provision. Also, group therapy was eliminated so that individual therapy could be provided to all SED students.

3. Follow-up After Hospital/Residential Treatment

The results of the transition from a hospital or residential facility to an SED program pertain only to Dade County, as Monroe County reported that no students were in this category between Fall 1982 and Fall 1984. In Dade County, it was possible to obtain data only from Summer 1983 through Fall 1984. The total number of cases for which there was adequate information was 23.

With the exception of Spring 1984 for which there was information on only one student, the school system has been notified of pending discharges from hospital and residential facilities at an increasingly earlier date. The time span of notification prior to discharge has more than doubled from Fall 1983 to Fall 1984, from an average of 12.6 working days to an average of 25.3 (See Figure 2.)

There has been a steady decrease in the number of days a student remains out of school after being discharged from a hospital or residential facility, with the exception of Summer 1983, for which there was information on only one student. The most dramatic change took place between Fall 1983 and Spring 1984, when the average number of days out of school declined from 23 to 12. This trend continued throughout all subsequent semesters, reaching a low of 9 days in Fall 1984. (See Figure 3.)

4. New Services

Since the Network began, there have been additions to the range of services, as well as an expansion of existing services. During the 1984/85 school year, an SED program was added at one senior high school, and services were extended to include pre-kindergarten students at the Bertha Abess program located at Scott Lake Elementary. In Fall 1984, the first senior high SED program opened at Sunset Senior High School. The Network was involved in contracting for clinical services with a community agency, The Children's Psychiatric Center, Inc., to augment existing services for this program.

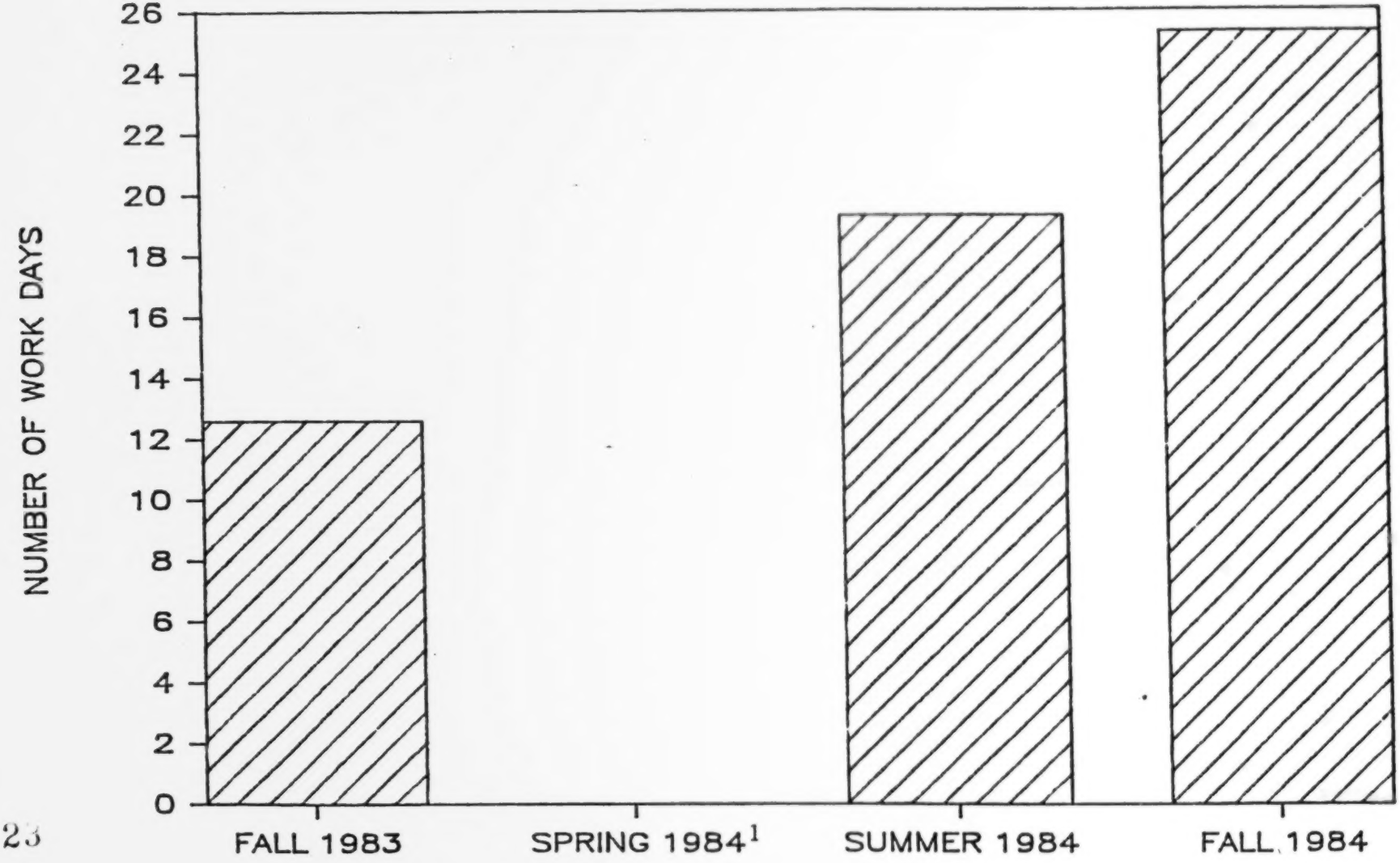

Figure 2 AVERAGE NUMBER OF WORK DAYS FROM NOTIFICATION TO DISCHARGE

[1]Data available on only one student for which there was no notification prior to discharge.

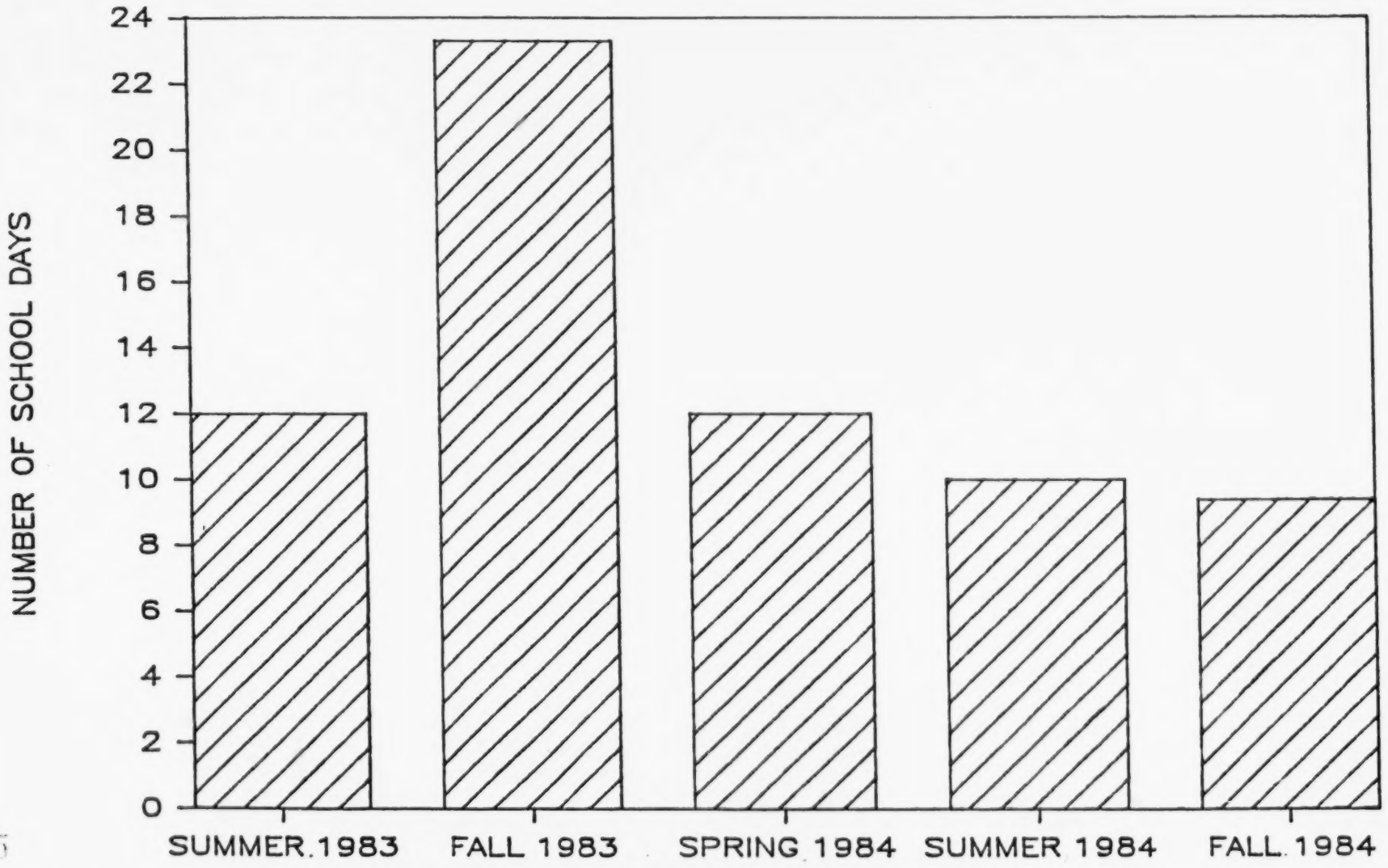

Figure 3 AVERAGE NUMBER OF SCHOOL DAYS FROM DISCHARGE TO SCHOOL ENTRY

Another agency agreement that has developed through the Network was with Community Mental Health Center of South Dade to enhance existing services in SED programs at Redland Junior High School and South Miami Junior High School. These began in March 1985. During the study, the Network was in the process of exploring options to obtain the services of a psychiatric consultant for the SED programs operated solely by Dade County Public Schools' SED programs, but funding was not available for 1984-85. Coventure agencies had implemented psychiatric consultation services at their respective program locations, independent of the project. Additionally, the Network, through the Interagency Council, was an active advocate for a crisis stabilization unit for District XI. Funding for this unit has been allocated by the state, and the unit is currently operational.

Changes in services have also taken place in Monroe County. As previously mentioned, individual therapy is now available to all SED students in Monroe; however, this has been at the cost of eliminating group therapy. There was no direct involvement by the Network in this shift. The Network was responsible, though, for developing contracts to provide psychiatric evaluation for SED students in Monroe beginning in March 1984.

In summary, the perceptions of school and agency personnel dealing with SED students was that there had been an increase in the number of these students identified since the Network began. They also indicated that there had been improvement in the identification procedures. The number of students in SED placements in Dade County was fairly stable during the first year of the Network and then showed a 15}% increase as of February 1985.

While the range of services offered to SED students has remained essentially unchanged from the semesters prior to the Network, the average number of services received per student has decreased. There was a great deal of variability in the accessibility of services, with some being generally more available than others. The availability of services differed from one program to another. Monroe County showed a slight increase in services since the Network.

In regard to the transition of a student from a residential or hospital facility to an SED program, it was found that the school system was being notified of pending discharges at a much earlier date since the Network. There has also been a decrease in the number of days a student is out of school after being discharged.

Finally, there has been an increase in the range of services, and existing services have been expanded. The Network participated in advocating for a high school SED program and arranging for the provision of services by community agencies to some school programs. As previously noted, a crisis stabilization unit for District XI has been funded.

B. What Are the Perceptions of Case Managers Regarding the Impact of the Network on the Provision of Case Management Services?

Respondents to the School/Agency Survey indicated that there had been some slight improvement in the amount of difficulty encountered in the provision of specified case management services. The assessment of student needs and student evaluation, and education and treatment planning were found, on the

average, to be "fairly easy to accomplish" prior to the Network. Currently, these areas were rated as somewhere between "fairly easy" and "very easy to accomplish". The remaining services -- referral, monitoring, advocating for services, resource coordination and development with community agencies, and the transfer of information -- were all given an average rating of "moderately difficult to accomplish" before the Network. All these ratings improved to an average "fairly easy to accomplish" when respondents were queried about the provision of these services now. Though most individuals reported increased ease in providing services, 23% still found resource coordination and development with community agencies "very difficult to accomplish."

The sharing of information among SED programs and/or agencies also impacts on the provision of case management services. Prior to the Network, the transfer of information was "very difficult to accomplish" according to 23% of those responding to the survey. When questioned regarding the current sharing of information, all agreed at least "slightly" that all necessary clinical information was readily shared when the required consents or authorizations had been obtained. Of these, the majority (77%) answered that they either "agree(d)" or "strongly agree(d)." Similar results were obtained when those surveyed were asked about the sharing of educational information, with even more (86%) agreeing or strongly agreeing that this type of information was readily shared. Respondents also gave their perceptions regarding the sharing of information by the Network. Most (68%) at least slightly agreed that the Network shared its information in a timely manner, with 55% agreeing or strongly agreeing. However, almost 14% noted slight disagreement with this statement. While 59% of those responding indicated that the Network shared enough information on students in residential or hospital settings, 18% felt the Network was not sharing enough of this information. One of the most frequently occurring comments written on the survey expressed a need for increased information sharing on students by all involved.

An additional area relevant to the assessment of Goal I, and also a potential future influence on the provision of case management services, is the computerized information system. Only slightly more than half (55%) of those responding to the survey were aware of the developing computer system. Of those who were aware, an even smaller percent (36%) were familiar with the type of information to be stored in the system.

Due to the fact that the computerized information system was not operational, at the time of data collection it was not possible to conduct the planned assessment of user satisfaction and effect on case management. The implementation of the system was behind schedule from the beginning. Some of the major delays were beyond the control of the Network. For instance, the delivery of the software took ten weeks instead of the anticipated two weeks. The delivery of the hardware and some of the work of the consultants were also behind schedule.

The Network was responsible for some factors which contributed to the delay. The most influential was the decision to make this a very comprehensive system which would store extensive information on each SED student. This resulted in the need for more complex software and customizing, as well as more time to collect and enter the information. It is possible that a less comprehensive system might have become functional earlier. Thus, a trade-off occurred between the quality and quantity of information in the system and the length of time required to ready the system. The initial data base of student and agency data was entered in May and June 1985.

Other results showed that, at times, there may be some difficulties in getting other SED programs and/or agencies to cooperate in coordinating services. Although approximately 46% did not have difficulty in this area, 41% indicated that there were at least some problems. Similar problems were also cited during the informal interviews. Some of the staff in the co-venture programs reported having problems getting the school system to listen to them and coordinate on specific cases. Some negative feelings were also evident between co-venture and Dade County Public Schools programs, particularly involving perceptions of being treated inequitably. Difficulties in coordinating with HRS on cases were frequently mentioned. While most of those surveyed (64%) did not have enough information to rate the change in the amount of time spent on each SED student for case management since the Network began, of those who did respond approximately two-thirds thought that the time expended had increased. The remaining respondents were split between there being no change or a decrease in the time. Whether this increase in time perceived by most is a result of the provision of more services is not clear; however, as there has been a reported increase in the ease of providing case management, this is a likely explanation, rather than the alternative of services becoming more difficult and time consuming to provide. Finally, 32% of those surveyed were not aware that the Network staff was providing case management services.

In summary, respondents, on the average, indicated at least slight improvement or better in the ease of providing a wide range of case management services. Some individuals reported experiencing more difficulty than most, with this occurring most frequently regarding the coordination and development of resources with community agencies. The sharing of information among SED programs and agencies was one of the areas in which improvement was noted, with most respondents agreeing that both clinical and educational information was readily shared. Most people also agreed that the Network adequately shared its information on students in hospitals and residential facilities. They also felt that information was shared in a timely manner. There were some indications, however, that, at least some of the time, there may be some problems in obtaining the cooperation of other SED programs and/or agencies in the coordination of services. Also in regard to information, a significant portion of those responding were not aware of the impending computerized information system and what information it will store. A final point relating to the provision of case management services was the indication that more time is being spent per student on case management.

Goal II: How Effective Has the Project Been in Improving the Quality of Existing Education, Mental Health Treatment, and Residential Services for SED Students?

A. What Impact Has the Network Had on the Time Interval for an SED Student to Receive Appropriate Services?

The time interval for a student to receive SED program services was examined from the date of the child study team (CST) to the day the student entered the program (1st Day). The process actually begins earlier, when a student is first identified by a teacher or someone else as having significant problems with daily functioning. This, however, was rarely documented. The first regularly documented date was that of the CST. Therefore, for the purposes of this evaluation, the process was looked at fro point on. It should be recognized, though, that the student was probabl need of SED services at an earlier date--in some cases, much earlier.

The process of going from CST to 1st Day was broken down into three phases: 1) CST to the date the psychological evaluation (Psy Eval) was completed, 2) Psy Eval to the date of the Multidisciplinary Team (M Team) staffing of the case, and 3) M Team to 1st Day. In a number of cases in Dade County, the psychological evaluation had been done as a part of the process for a previous placement and was current enough so that a new one was not required for the SED placement. For this reason, the period of time from CST to M Team was also examined.

Summary data regarding the length of the placement process are presented in Table 3 through Table 5. Findings for the two counties will be discussed separately because of the significant difference in the student enrollment of each district and the distinctive factors which impact upon the evaluation and placement process in the districts. Because of these differences, a direct comparison between the districts would yield misleading results.

The data were first analyzed for pre-post differences by separating the semesters from Fall 1982 through Fall 1984 into three groups: 1) prior to the Network, Fall 1982 and Spring 1983, 2) the beginning of the Network, Fall 1983, and 3) after the Network began functioning, Spring 1984, Summer 1984, and Fall 1984.

Dade County remained basically stable during the phase from CST to Psy Eval. For the second phase, from Psy Eval to M Team, there was an increase in the length of time after the Network began. In Dade County, the phase from CST to M Team reflected an increase of similar magnitude as the time from Psy Eval to M Team. A statistically significant difference was found for the M Team to 1st Day phase, with Dade County showing an increase that more than doubled the time interval.

In Monroe County, there was an increase in the length of time from CST to Psy Eval whereas a slight decrease was observed from Psy to M Team. However, Monroe County showed a dramatic decrease in the time from M Team to 1st Day. The changes in Monroe, however, paint a distorted picture as they were the result of only two extreme cases. If these cases were deleted, then the data for Monroe County would be stable over the three semester groupings. Overall, for the total placement process, from CST to 1st Day, there was an increasing trend.

The data were then examined more closely, looking at changes in average time interval over each of the semesters. From this analysis, clear trends did not emerge (see Table 5). Instead, there were variations from semester to semester with increases and decreases occurring in no apparent pattern, for the most part.

B. How Do School and Agency Personnel Perceive the Impact of the Network on the Quality of Services and Their Delivery?

The average of the ratings given by school and agency personnel who responded to the School/Agency Survey items was that there had been "slight" improvement in both clinical and educational services provided by school and community agencies since the Network began, although almost half saw no improvement. Regarding clinical services, 30% noted "moderate" improvement. When asked to rate the quality of case management services, in general, 40% indicated that they were "above average" or "excellent," while only 18% found them "below average." Specific services now experienced as highly available and accessible with only brief delays included individual therapy, group therapy, adaptive physical education (Dade County Only), and emergency evaluations.

TABLE 3

Average Number of Days for SED Placement Process
(Fall 1982 Through Fall 1984)

Phase in Process	County			
	Dade		Monroe	
	Average	Range	Average	Range
CST to Psy Eval	69	0-225	50	0-155
Psy Eval to M Team	68	2-193	45	9-141
M Team to 1st Day	7	0-48	17[a]	0-256
Total	132	13-374	105	38-276

CST = Child Study Team

Psy Eval = Psychological Evaluation

M Team = Multidisciplinary Team

1st Day = First Day SED Program

[a] This statistic is inflated by two spuriously high figures. For 17 of 20 cases, the number of days from M Team to 1st Day was 0.

TABLE 4

Length of Time for SED Placement Process:
A Comparison of Average Number of Days
Pre and Post Network

A. Dade County

Phase in Process	Pre Network (N = 28)	Beginning of Network (N = 19)	Post Network (N = 33)	Trend
CST to Psy Eval	64.2	65.5	66.3	None[a]
Psy Eval to M Team	71.0	68.8	76.7	Slight Increase After Network
M Team to 1st Day	4.4	5.7	8.7	Increasing
Total	125.0	127.0	135.8	Increasing

TABLE 4 continued

Length of Time for SED Placement Process:
A Comparison of Average Number of Days
Pre and Post Network

B. Monroe County

Phase in Process	Pre Network (N = 7)	Beginning of Network (N = 6)	Post Network (N = 7)	Trend
CST to Psy Eval	40.6	57.3	87.6	Increasing
Psy Eval to M Team	43.7	51.2	40.7	Slight Decrease After Network
M Team to 1st Day	36.6	12.7	0.0	Decreasing
Total	120.9	121.2	128.3	Increasing

Pre Network = Fall 1982 through Summer 1983

Beginning Network = Fall 1983

Post Network = Spring 1983 through Fall 1984

[a] The magnitude of the differences was so small that it was not considered to be an indication of a trend.

TABLE 5

Length of Time for SED Placement Process:
A Comparison of Average Number of Days
for Each Semester

A. Dade County

Phase in Process	SEMESTER Fall 1982 (N=15)	Spring 1983 (N=13)	Summer 1983 (N=0)	Fall 1983 (N=20)	Spring 1984 (N=8)	Summer 1984 (N=5)	Fall 1984 (N=20)	Trend
CST to Psy Eval	63.4	65.6	-	65.5	51.5	107.0	56.2	None
Psy Eval to M Team	84.8	49.6	-	68.8	68.5	44.2	90.8	None
M Team to 1st Day	5.0	3.6	-	5.7	11.5	7.0	8.1	None
Total	150.5	95.6	-	127.0	126.0	158.2	134.1	None

TABLE 5 continued

Length of Time for SED Placement Process:
A Comparison of Average Number of Days
for Each Semester

B. Monroe County

Phase in Process	SEMESTER Fall 1982 (N=6)	Spring 1983 (N=1)	Summer 1983 (N=0)	Fall 1983 (N=6)	Spring 1984 (N=1)	Summer 1984 (N=0)	Fall 1984 (N=6)	Trend
CST to Psy Eval	46.7	4.0	-	57.3	45.0	-	94.7	None
Psy Eval to M Team	39.8	67.0	-	51.2	18.0	-	44.5	None
M Team to 1st Day	42.7	0	-	12.7	0	-	0	Decreasing
Total	129.2	71.0	-	121.2	63.0	-	139.2	None

CST = Child Study Team

Psy Eval = Psychological Evaluation

M Team = Multidisciplinary Team

1st Day = First Day SED Program

For other services, such as family therapy, psychiatric services, emergency hospitalization, art therapy, and transportation, delays averaged two to three weeks. However, the range of availability/accessibility of these latter services varied greatly depending on the site. For example, art therapy was not available for Monroe County SED students, almost half (45%) of the respondents reported only brief delays for emergency hospitalization, while it was unavailable according to 14%, and one-third found delays of one to several months typical for psychiatric services. Even less accessible were foster care, residential treatment, and group home placement, all three being rarely or never available according to almost one-third of the respondents, the remaining noting that delays of at least several months were typical.

The problem of the accessibility of residential placements was also addressed by many individuals during the informal interviews. These residential placements include those funded from several sources including DCPS, HRS, and Dade Group Homes. The paucity of local placements in Dade County and their absence in Monroe County were often cited. It was reported that in Monroe County, a child will often not be identified as needing such treatment since the service was unavailable. The same was reported of other services and needs. Interviewees stated that they felt that DCPS, at the District level, was often not responsive to them when they believed a child needed residential treatment. Thirty-three percent of those who found the question applicable indicated that they had at least some "reluctant(ce) to take a case to District because (their) input (might) be disregarded and/or because (they) might be criticized for (their) work with the student." As a consequence, many of those interviewed said they did not make such referrals.

Procedures for referrals between programs and/or agencies, along with SED placement procedures, were perceived as having improved since the Network began. Forty-seven percent found "substantial" improvement in the agency/program referral procedures, and 67% indicated there had been "moderate" improvement in the SED placement procedures. When asked to evaluate the appropriateness of referrals and placements, the average survey response was in slight agreement that they were appropriate, with 45% indicating agreement or strong agreement. It must be noted, however, that there was at least some feeling that referrals and placements were not appropriate from more than one-fourth of the respondents. When asked whether referrals and placements had become more appropriate since the Network, the overwhelming majority of those responding gave a positive reply. Several individuals also added written comments specifically about improvements in placements.

In summary, according to responses given on the School/Agency Survey, there was a general perception of "slight" improvement in clinical and educational services since the Network began. Case management was found to be "above average" by many (40%); but some (18%) disagreed, indicating that this area was "below average". An examination of specific services revealed that some were readily available and accessible, while others, in some instances, were totally unavailable. There was variability in the availability and accessibility of some services depending on location. Overall, Monroe County reported greater deficits in services than Dade County. Residential placements were frequently cited as being difficult to obtain. Referral and placement procedures were perceived as improved. There was some difference of opinion regarding the appropriateness of placements made, but most respondents indicated that they were usually appropriate and had shown improvement since the Network.

C. What Evidence Is There That Agencies Have Demonstrated an Intent To Improve Services For SED Students?

Three areas provide evidence pertaining to agencies' intents to improve services to SED students: 1) agency cooperation and communication, 2) interagency service agreements, and 3) Interagency Council activities. First, 64% of the respondents to the School/Agency Survey voiced at least some disagreement with an item stating that it was "difficult getting other SED programs and/or agencies to cooperate in coordinating services." Although problems are still experienced by some regarding cooperation, there were three written comments noting that linkages and communications between agencies and/or programs have improved since the time the Network was started.

There has been growth in the second area of interagency service agreements. Prior to the Network, there were two such agreements for agencies to provide clinical services to a DCPS SED program. The Network has worked at promoting these agreements and has provided funds to help initiate these arrangements. Agencies have been willing to enter into contracts so that services could be made more available. The contracts included agreements with The Mental Health Care Center of the Lower Keys, The Guidance Clinic of the Upper Keys, and The Guidance Clinic of the Middle Keys for psychiatric services in Monroe County. This was later changed to a contract with a private practitioner because the agencies, although willing, did not have the resources to provide the services to the extent required. In Dade County, Community Mental Health Center of South Dade has entered an agreement to provide group therapy, individual therapy, case management, and crisis counseling at South Miami and Redland Junior High Schools. There has also been a contract with Children's Psychiatric Center, Inc. for that agency to provide clinical services to augment the SED program at Sunset Senior High School.

Finally, agency intentions have also been demonstrated through their commitment to the Interagency Council. Representatives from many agencies have put forth much time and effort in attempting to improve services for the SED population. Attendance at Council meetings has been good. The work of the Interagency Council will be discussed in greater detail later in this report.

In summary, three areas offer evidence of intent by agencies to improve services to SED students. First, most of those surveyed thought there was cooperation in the coordination of services. Second, agencies have been willing to enter into agreements to provide services to SED school programs. Third, agencies have shown a commitment to working within the Interagency Council.

D. Has the Network Impacted on the Quality of School-Based SED Programs?

Many of the areas relating to the quality of school-based SED programs have been discussed previously, so they will only be mentioned here. First, agreements with community agencies to provide clinical services at some school-based SED programs were facilitated by the Network. In some instances they increased the availability of existing services at a program, in others they supplied services that were not being provided at the program. Second, SED program staff indicated in interviews and on surveys that more students were being appropriately placed in the programs since the Network began. Finally, survey respondents noted "slight" improvement in educational and clinical services since the Network.

Goal III: In What Ways Has the Project Demonstrated Efforts Aimed at Continuous Multiagency Planning, Implementation, and Evaluation of Education, Mental Health Treatment, and Residential Services for SED Students?

A. Has There Been Continuous Multiagency Planning?

The minutes of the Interagency Council meetings as well as those of its subcommittees were examined for evidence of continuous multiagency planning. The minutes indicated that there had been twelve meetings of the council between 12-13-83, its first session, and 3-12-85. In addition, an executive committee, a subcommittee for Monroe County, and four ad hoc subcommittees were formed as work groups to deal with specific issues affecting the SED population.

As a prelude to extensive involvement in planning and while formulating its direction, the Council was involved in a needs assessment initiated by the project's staff and the exploration of resources available in the community. Funding issues were identified as a major area of focus. Impacting on state and local budget issues pertaining to services for SED students was seen as a major need. During the period from 12-13-83 to 3-12-85, the council identified specific budget issues and attempted to influence their outcomes. These included locally funded mental health services, state allocations for services, residential treatment and a crisis stabilization unit for District XI. Budgetary needs specific to Monroe County were also addressed via the Monroe subcommittee.

Regarding locally funded services, the Council thought that proposed cuts in the budgets of the Human Resources Department and the Department of Youth and Family Development would have a detrimental effect on the mental health treatment available for SED students. In response, the Council wrote a letter opposing these cuts and had the project manager present their position at the Dade County Commission Public Budget Hearings. On the state level, the Council reviewed the proposed Health and Rehabilitative Services (HRS) budget and offered its opinion as to how that plan fitted the needs of the SED population. A subcommittee was also directed to examine differences between HRS's Legislative Budget Requests and the Governor's budget to identify needs that would go unmet. Among the funding legislation proposed by the Governor, the Council offered support for the Governor's child abuse protection package, writing a letter to the Dade Legislative Delegation. The Council also supported a Legislative Budget Request to provide increased residential treatment in District XI.

Planning in connection with funding for and the development of a crisis stabilization unit (CSU) was a major focus of the Council. One of the ad hoc subcommittees was assigned the primary responsibility for dealing with this issue. The Council offered support for the CSU beginning with the Legislative Budget Request by the Dade-Monroe Mental Health Board, a Council member until it was disbanded. A letter was written to the Dade Legislative Delegation. After funding was approved, the Council began working with HRS to provide input regarding the suggestions for implementation. CSU Subcommittee members met with representatives from the state office of HRS. The Council also encouraged groups to submit proposals for the CSU grant.

Of major concern to Monroe County was access to money for residential treatment, identified as a primary need. An ad hoc task committee was designated by the Monroe subcommittee to examine that county's access to the Case Review Committee (CRC). It was discovered that all Monroe County cases brought

before the CRC had been approved for residential placements; however, the problem was the lack of adequate funding for the placements. The task committee began an exploration of solutions for the placement problem. Additionally, the Monroe Subcommittee has advocated for funding at the HRS Legislative Budget Hearings. This subcommittee identified needs which could be met through interagency agreements and then facilitated their arrangement. Exploratory planning was initiated for a nonschool-based SED day treatment program. The cost of renovations in a rented building was one of the primary factors which prohibited further development of this plan. As part of the process of attempting to improve SED services in Monroe County, better lines of communication have been established, particularly between the Monroe school system and community agencies. This has impacted on the problem of fragmentation in the Keys that was fostered by its geographical features.

Interagency planning has also occurred regarding the Network's computerized information system. Of primary concern were the issues of access to the information and confidentiality. Another ad hoc subcommittee was established to resolve this issue. The committee developed a set of guidelines to govern information access and confidentiality.

The deinstitutionalization of the children's unit of South Florida State Hospital has also received the attention of the Council. Some preliminary data collection was done as a basis for the Council's review of the plan for deinstitutionalization. The Council formulated a position regarding the specific details of the plan and has also worked on developing alternatives. The Council's views were presented at the Central District Dade Delegation Hearings, the Helen Gordon-Davis House Select Committee, and the Dade Delegation Hearings.

In summary, The Interagency Council engaged in efforts to impact on planning for SED services in a number of areas, both at local and state levels. Many of the areas involved the allocation of funding for SED services, such as for state and locally funded mental health services, residential treatment, and a CSU. In addition to confronting funding, the Council reviewed plans by HRS and the state regarding a CSU for District XI and the deinstitutionalization of the children's unit at South Florida State Hospital. The Council formulated positions on these and developed alternative options to some features of the plans. Guidelines for information sharing and confidentiality were also developed. The Monroe subcommittee was involved in planning pertaining to meet some important needs of the SED population in Monroe County.

B. What Were the Perceptions of Interagency Council Members Regarding the Functioning of the Network?

The results of the interviews with the members of the Interagency Council indicated that they all perceived the Network as at least moderately effective. When asked to rate how effective the Network was in its accomplishments, 47% gave a rating of eight or above on a scale of one to ten, where ten was "extremely effective." The remaining respondents gave ratings of six or seven. Twenty-five and one-half percent stated that the Network had improved communication and brought those people together who were dealing with SED students. Others commented on improvement in the coordination of services, increased efficiency in case management, and better information available on these students. There were some negative perceptions among the interviewees. One-fourth (25.5%) said that the Network was not effective, that its results

were "inadequate." Others (15%) pointed to difficulties in the availability and delivery of services, e.g. "no new services" and "services are decreasing."

Responses pertaining to how well the Network was functioning, that is, its process of getting things done, were more positive. The majority (70.5%) of Council members rated functioning at least as an eight on a scale of one to ten where ten meant "very well." The remaining who gave a rating (18.5%) put functioning at a seven. There were only two negative comments which concerned competitiveness and miscommunication. Most answers to this question were that the Network staff was very efficient and kept the project well organized.

When asked if SED services had been improved as a result of the Network, one-third of the council members were not knowledgeable enough to respond. Of the remaining, 51% thought that services had improved, with only 15% disagreeing. Of those who answered, most (10 of 14) thought that the identification of SED students had also improved due to the Network's efforts. Some commented, however, that due to the lack of services and appropriate placements, there was a reluctance to identify all students who met the criteria for SED.

The Network was perceived as having the most impact on facilitating communication and increasing contact among agencies. Improvements in case management, knowledge and information on SED students, and the computerization of student information were also mentioned. The latter area, computerization, had not become functional at the time of data collection.

In terms of its future direction, 29% of the interviewees wanted the present direction continued. Twenty-two percent suggested that efforts be directed toward increasing the Network's legislative power. Others (25.5%) thought that working directly to increase services was very important. Additional comments pertained to expanding the target group beyond just SED and to focus specifically on increasing residential services.

In summary, Interagency Council members viewed the Network as at least moderately effective. Most thought it was quite effective. Areas of impact and improvement cited were in increasing communication and contact among those involved with SED students, case management services, and information on students. There were a few Council members who saw the Network's accomplishments as inadequate. The project staff was identified as very efficient, a factor resulting in the Network being well organized. While many of those interviewed were unable to answer questions regarding changes in services and the identification of SED students, those who did remarked that there had been improvement. Looking to the future, suggestions were made to maintain the present direction of the Network, to increase legislative power, to increase services, and to expand the target population.

C. What Were the Perceptions of Interagency Council Members Regarding the Functioning of the Council?

Responses regarding the effectiveness of the Interagency Council indicated that it was at least moderately effective according to all but one council member. Sixty-five and one-half percent rated the council at eight or above on a scale of one to ten, where ten meant extremely effective. Members (15%) remarked that the council provided a forum to deal with issues related to SED students, that communication had increased, and that they found the subcommittees effective in studying issues and getting things done. Linking

agencies and school systems and identifying problems were other accomplishments cited. A higher percentage (29%), though, remarked that there was a lack of accomplishments. They stated that the council lacked the authority to implement ideas, that there was often no action after problems were identified, and that outside constraints imposed by funding, the Legislature, and HRS limited the Council's ability to be effective.

In terms of its organization and process of operating, 66% rated the Council as functioning at least at an eight on a scale of one to ten, where ten meant very well. The remaining members gave ratings of six (11%) and seven (11%), with one rating of two. Two respondents (7%) did not give a rating. More than half of those interviewed stated that the excellent support they received from the project staff was an important factor. Also cited were good attendance by members, that members were very involved and committed to the Network, and that they worked well together. There was some (22%) dissatisfaction regarding the scheduling of meetings with complaints of difficulties with the time and/or location and the frequency of meetings.

The Interagency Council was perceived as having its greatest impact on the facilitation of communication. It was also viewed as linking and uniting agencies and school systems in the provision of services and in efforts to overcome problems associated with serving the SED population. An increase in information availability was mentioned by several members.

For the future, 37% of the interviewees would like the Council to maintain its current direction and focus. An increase in political activity and lobbying was desired by one-third of the members. They also suggested working to increase services and funding for services, with residential facilities specifically identified. Some (15%) would like there to be more action based on specific and concrete plans. A similar number remarked about making a variety of changes in the composition of the Council's membership. Other suggestions included seeking funding to insure the continuation of the Network, making better use of existing resources and increased involvement with and by HRS.

In summary, most of the Council members interviewed rated the Council as quite effective. They stated that it provided a forum for dealing with issues and facilitated communication and cooperation among agencies and schools. Despite the relatively high ratings, 29% thought there was a lack of accomplishments. The Council was rated an eight or above on its level of functioning by most (66%) members. Support received from the project staff was mentioned as a strong contributing factor. Fellow members were perceived as hard working and dedicated to the Network. Some dissatisfaction with the scheduling of meetings was mentioned. Improvements in communication and cooperation among agencies and school systems were identified as areas in which the Council had had a great deal of impact. Maintaining its current focus, increasing political activity, and increasing services were among the suggestions for the direction the Council should pursue in the future.

D. What Procedural Changes Have Been Made to Facilitate SED Services?

The results of the investigation of procedures pertaining to SED services indicated that the Network was involved in the reorganization of entry and exit procedures for students in residential or hospital placements. The reorganization was necessitated in part by the existence of the Network, which became part of the process for students going into a school program from a residential or hospital setting or being placed in such a facility.

In Dade County, documentation was sought to determine if residential placement cases were being reviewed for HRS matching funds and if there was joint approval with HRS of residential facilities. Documentation was not available for either of these. It was reported that all appropriate cases were presented to the District XI Case Review Committee (CRC) to obtain matching funds. One of the problems mentioned in connection with matching funds was the fact that while many of the cases are approved for matching funds by HRS, they are often put on a waiting list because the money is not actually available. Joint approval of residential facilities reportedly took place on a case by case basis, individually by Dade County Public Schools and HRS.

Documentation was also unavailable in Monroe County regarding matching funds and joint approval of residential facilities. It was reported that because the Monroe school system cannot provide 100% of the funds required for a residential placement, all cases must receive matching funds from HRS for a placement to be made. Joint approval of facilities was said to take place on a case by case basis. Inquiries were made regarding the school board/CRC procedures in Monroe with the finding that no procedural changes had occurred. The CRC, however, had indicated a willingness to include one more representative from Monroe County among its membership. An investigation by the Monroe Subcommittee discovered that there were no inequities in the CRC's approval process, as previously thought by some. All cases presented by Monroe County had received approval. Rather, the problem was that approved cases were being put on a waiting list due to a lack of funds.

In summary, procedural changes regarding entry and exit from hospital or residential facilities have been made as a result of the Network. In both Dade and Monroe Counties, there was no documentation to show whether all appropriate cases were reviewed for HRS matching funds or whether there was joint approval of residential facilities. Both counties, however, reported that these two activities did take place, the latter on a case by case basis. Fears that the CRC procedures and decisions were biased in favor of Dade County were not substantiated. All Monroe cases presented had received approval. The problem for both counties was HRS's inadequate funding for residential placements which has resulted in a lengthy waiting list. As a result of the Monroe Subcommittee's efforts and concerns, Monroe was allotted another representative to the CRC.

E. Did the Network Evaluate the In-Service Training It Provided?

The Network project staff directly provided in-service training on eight occasions. The first was on psychosocial assessement presented for Dade County's Dropout Prevention Program. The second and third were on case management for staff in Monroe County and subsequently for Dade County's Dropout Prevention Program. The fourth was for the Dade County Mental Health Association's Juvenile Alternative Service Program on identifying signs of emotional problems in adolescents. The Network conducted evaluations on all four workshops. Ratings of participant satisfaction were done on all workshops. In addition, an evaluation of learning of the content presented was done for the psychosocial assessment and case management workshops.

Other programs in Dade and Monroe counties were either planned or provided by the project's staff. In these instances, training was provided by other professionals. Satisfaction surveys and/or assessments of learner outcomes were conducted at each of the workshops.

In summary, the Network conducted participant satisfaction evaluations on the four in-service presentations provided by project staff. Additionally, evaluations of learning were done for three of the workshops. Evaluations were also conducted for workshops planned or coordinated by the Network.

DISCUSSION

The Dade-Monroe Multiagency Network for Severely Emotionally Disturbed Students is a small, low budgeted project charged by the state with almost monumental tasks. These tasks are to see to it that 1) a complete array of services is available for SED students, 2) the quality of services is improved, and 3) services are continuously planned, implemented, and evaluated on a multiagency level. As of March 1985, 217 students had received some type of case management services from the Network staff; interagency agreements were formulated to increase the services available at school programs; and there was involvement as an advocate for funding in response to other issues on a legislative/budgetary level. The Network had also enhanced relationships among programs and agencies that dealt with SED students resulting in increased cooperation and, with the Interagency Council as the vehicle, mobilized the resource of increased effectiveness through individuals working together behind a united front.

Four major areas for discussion emerge from this investigation: 1) the Network's impact on SED services in general, 2) residential services, 3) the computerized information system, and 4) the Interagency Council. First, in regard to services for SED students, the Network's major impact has been to facilitate some of the processes involved in linking students with services, e.g., the flow of information and the transition to and from school programs and hospital and residential facilities. It has also promoted and funded interagency agreements wherein some agencies began providing services at school program sites.

There have been a number of factors that have worked both with and against the project's efforts to increase the availability of services. Just prior to the Network, the school system in Dade County reorganized its SED placement procedures. This school system has also opened new SED programs, both with and without support from the Network. Monroe County also expanded its SED program. These factors are correlated with the number of students identified as SED and probably made major contributions to the changes in this area. Also, there were some interagency agreements implemented prior to the Network, indicating that influences beyond the Network may have been operating in the more recent contracts. At this time, it is difficult to ascertain the separate impact and contribution of each factor, including the Network, to the end results.

Just as there have been positive factors which have facilitated desired outcomes, there have also been negative ones which have worked contrary to the Network's goals. Overall decreases in mental health funding at all levels have led to a decline in the services available for SED students, reflected in the fact that SED students received fewer services per student in Fall 1984 than in previous semesters. It is highly unlikely that the Network contributed to this decrease, rather, this is a factor which limits what the Network can achieve. In fact, the sentiments of some agency personnel and Interagency Council members are that without the Network's efforts, the situation would have deteriorated even further. Legislative decisions regarding mental health planning and policies have also encumbered the Network. Decisions and plans for the deinstitutionalization of the children's unit at South Florida State Hospital are likely to further burden already inadequate resources for the SED population. Thus, time and effort have been required on the part of the

Network, particularly the Interagency Council, in an attempt to effect modifications. Combatting such factors just to help maintain the status quo in services is a drain on the Network's already limited resources, making it that much more difficult to achieve needed increases in services. Reported problems in dealing with HRS on individual cases and on planning decisions appear to have also hampered the extension and enhancement of services.

The Network has provided direct and indirect case management services, offering assistance to school system and agency case managers with the result that they now find it easier to deliver services. The impact on improving the flow of information may be one of the most influential factors in this process. Survey responses indicate that a need for further work in this area remains. More information is desired than programs and agencies are receiving. There appear to still be some negative feelings between programs, agencies, and hospital and residential facilities that may interfere with the willingness of some to cooperate in the coordination of services.

The Network has had noticeable impact on the time interval for a student to receive school SED program services upon discharge from a hospital or residential facility, but not for those who are being placed from another classroom setting. In the former case, the result has been that fewer students are just being dumped at schools without appropriate arrangements having been made; and students are spending less time sitting at home without a placement. The Network has accomplished this through its efforts to build better relationships with the hospital and residential facilities, while educating them regarding the needs of the school systems for increased information sharing. There are many possible factors operating in the latter case. For one, the Network has concentrated less on this area than on the transition from hospital and residential facilities. It is possible that some time lags were due to unavoidable factors that were not documented, e.g. difficulty getting parent permission, hospitalization, arrest, etc. When it was known that such a factor was responsible for a time delay, the case was not used in the data analysis. Other common factors resulting in delays were obtaining psychological and psychiatric evaluations, collecting all the required child study team information, and setting up the Multidisciplinary Team staffing meeting. The end result is that children with very serious problems typically wait five or six months from the time of the child study team meeting before receiving appropriate services. Delays up to one year are not uncommon. The SED placement process may be an area for the Network to consider focusing more attention on to increase the speed at which SED services are initially delivered to students.

Though the quality of clinical and educational services was rated as only slightly improved, comments indicated that these services were perceived previously as being of high quality. It seems that the important problem is not the quality of the services that are delivered, but the issue of limited availability and accessibility of services which ultimately affects the quality of overall treatment. The greatest deficits have occurred in Monroe County.

The second major area of discussion, residential treatment, represents a service whose provision is among the most inadequate. This is a need recognized by the Network and has been discussed by the Interagency Council. It is seen in both Dade and Monroe Counties as one of the most pressing unmet needs. Residential treatment suffers from the common underlying problem of insufficient funding.

Misconceptions surrounding the approval and funding of residential placements by the Case Review Committee (CRC) led people in Monroe County to believe they were the target of discrimination, that they were not getting their fair share. Through the Monroe Subcommittee's investigation, the discovery was made that there was not an inequitable distribution of residential placements; rather, there was not enough money to pay for those students who were approved. Clarifying the problem has reduced some negative feelings and tension, and pointed the direction for actions that may be fruitful. Rather than targeting the CRC, the Monroe Subcommittee has now more appropriately focused on funding issues relevant to residential treatment.

Whether cases were being reviewed for matching funds was an identified area of concern. Neither Dade County nor Monroe County were able to produce documentation, but both reported that it occurred. In Monroe County this does not represent much of a problem, as the school system there will only provide money for cases for which there is co-funding. Dade County, however, provides total funding for some cases, leaving in question whether co-funding had been pursued. If this is of sufficient concern to the Network or Dade County Public Schools (DCPS), then it may be desirable to institute a formal system of documenting when a case has been reviewed.

The computerized information system represents a third important area. It is a major area where accomplishments was slow. Although both components have been on line since June 1985, the student tracking system and the agency information system were delayed. In addition to having been beset by delays beyond the project's control, e.g. the late arrival of equipment and software and consultants being behind schedule, the complexity of the system also became a major contributing factor. By designing a very comprehensive system, the ability to have the system functioning at an earlier date was sacrificed, though the extent of the delays was not anticipated. In terms of long range objectives, it seems that the comprehensive system will provide more flexibility and be of greater service than a simpler system might have, though it is difficult to ascertain what the magnitude of the difference in utility would have been. The most recent delays have been in the process of collecting the data for the two components of the system and finishing work on the software. Another recent problem has been the lack of personnel time to input the data, which the Network ultimately dealt with by hiring a temporary worker.

It is possible that the data gathering activities might have been initiated at an earlier date so as to minimize its contribution to continued delays. The continuous underlying problem of there being a tremendous work load and only a very small staff, however, imposes limitations on what can be accomplished and when. Indeed, the Network is perceived as functioning very well, in large part, due to a staff described as "hardworking," "bright," and "dedicated." There exists the impression that immediate attention is often demanded by tasks with set deadlines or very pressing needs, with the result that other activities are temporarily put aside. This may have occurred with some of the activities involved in implementing the computerized information system.

The survey results point out an area regarding the computer system that needs to be taken into consideration as the Network plans for the near future. The results indicated a lack of awareness regarding the computer system on the part of those individuals who are most likely to be its users. While it is possible that some of these people are more aware of the system now since the data collection forms have been distributed, the Network needs to educate

potential users regarding the system, i.e. what it has to offer and how to use it. It would be desirable for this to take place just prior to or at the time the system becomes operational, so that lack of knowledge does not become an added delay in the use of the system. Related to this, the policies on confidentiality and information sharing should be finalized so that they also do not delay the system's use.

The computerized information system is a major component of the Network. The fact that it was not operational for most of the school year prevented the Network from realizing its full potential impact. As such, getting the system on-line should be a priority.

Hopefully, with the system in place, some of the difficulties of the present system, evident during the process of collecting data for this evaluation, e.g. the lack of centralization of information and gaps in information, will be resolved.

The thoroughness that characterizes the computerized information system can also be found in other areas, for example, the extremely comprehensive minutes of the meetings of the Interagency Council and its subcommittees. While this degree of detail is certainly a positive feature, its benefits need to be weighed against the additional time it consumes. A self-examination by the project staff of this aspect of their work may be useful to help better prioritize their use of time and direct it to where it will be the most productive. Unfortunately, unless there is additional staff time available through additional personnel, this may necessitate a decrease in quality in some less than essential aspects of their work.

The final area to be discussed concerns the Interagency Council. The Interagency Council has dealt with issues that impacted not only on local and regional plans regarding SED services, but also on a state level. Much of their efforts have been directed towards budget and funding issues. Because many of the areas tackled are so large and important, with many political ramifications, it is not realistic to expect the Council to always achieve the outcomes it desires. Just because efforts were not successful does not necessarily mean they were inappropriate or misguided. The goals and the obstacles to them must also be taken into consideration. At times the challenges have been formidable. In their planning and advocacy efforts, the Council confronted barriers in dealing with the Legislature, HRS, and local policy makers. Some barriers were broken down, others were not. It may be that some of the areas, such as funding, may take a longer period of time to change as large systems are being dealt with. Accomplishments short of the goals are important to acknowledge. This is particularly the case in the early stages of an organization, where members learning to work together and developing strategies of working towards goals are important gains. Some of the Council's achievements include making contacts, becoming recognized as an entity, and learning how to impact major decisions. Judging from comments by some members of the Council, it seems that the Council might benefit from the seeking of expert help in how to affect legislative and budgetary decisions, rather than just learning through experience, especially since increased lobbying for legislative influence is a direction that many members indicated the Council should take. This may be one way to increase effectiveness and overcome what some members feel is a lack of action. Other avenues of increasing effectiveness and better organization of efforts should be explored.

While aware of issues in the larger political arena, there was a striking lack of knowledge on the part of Council members regarding aspects of the Network and the SED system other than the Interagency Council. Many responded to

interview questions about the Network with "I don't know" or gave responses that indicated they did not have a clear understanding. This presents a real limitation, especially since part of the Council's role is to act as an advisory group to the project. It is also a crucial factor that may inhibit the Council's ability to best plan for the needs of the SED population and properly direct its advocacy activities.

Overall, perceptions of the council by its members are very positive. This group has organized itself and worked on a number of major issues in the short time of its existence. As most members were quite general about the future direction of the Council, it may be beneficial for them to target, more specifically, those areas they want to pursue.

In conclusion, state directives have placed monumental tasks before the Network with only limited resources to aid in their accomplishment. Its small staff has put forth tremendous energy and effort. Interagency Council members have demonstrated a dedication to the project and given of their time, despite their many responsibilities to the programs and agencies they represent. It is still quite early in the development of this project to expect its impact to be fully realized. Laying the ground work for future change has been a real accomplishment. Planners and providers have been brought together to identify and then work on problems. Efforts have been expended organizing, learning about, and developing strategies to gain influence and effect change. In addition, the Network, within its capabilities, has provided or arranged for services when gaps existed. Most of the Network's problems appear to stem from the limited resources available to the project, and for the SED population in general, and the political and policy barriers often encountered. The Network needs to realistically evaluate what it can accomplish in order to use the resources it does have most productively. The issues confronting the Network concern very crucial needs of students with severe emotional problems. What is really required are additional resources so that the Network's efforts can be expanded to work even more effectively towards the provision of adequate services for this group of students.

RECOMMENDATIONS

Based upon the findings of the study, the following recommendations are being made.

1. Seek future funding sources to insure the continuation of the project.

2. Increase funding to the Network to provide more staff and establish more interagency service agreements.

3. Examine the current use of the human and financial resources of the Network and those available for SED students to determine if they are being put to optimal use.

4. Provide in-service training for Interagency Council members regarding the functioning of the entire Network.

5. Establish the completion of the computerized information system as a top priority.

6. Provide information to SED school program and agency personnel regarding the computerized information system and its use.

7. Seek expert advice on how to be most effective in influencing funding and policy decisions pertaining to the SED student population.

8. Continue efforts to further enhance coordination, cooperation, and communication between school programs and agencies, particularly with HRS.

9. Clarify the specific goals and direction of the Interagency Council.

APPENDIX A

DADE COUNTY PUBLIC SCHOOLS

OFFICE OF EDUCATIONAL ACCOUNTABILITY

MULTIAGENCY NETWORK FOR SEVERELY EMOTIONALLY DISTURBED STUDENTS EVALUATION:

SCHOOL/AGENCY SURVEY

The Office of Educational Accountability is conducting an evaluation of the Multiagency Network for Severely Emotionally Disturbed Students. Your feedback regarding factors relevant to the Network is an important part of this study.

The information gathered by this survey will only be used to evaluate the Network, NOT INDIVIDUAL SED PROGRAMS. Please do not write your name or place of employment on these forms. We are requesting, however, that you note the type of setting in which you work where indicated on the form.

PLEASE RETURN THE SURVEY NO LATER THAN MARCH 13, 1985 TO DR. MARCY WASMAN.

School Mail: 9999, Room 500 (New Building)

U.S. Mail: Dade County Public Schools
Office of Educational Accountability
1450 N.E. Second Avenue
Room 500
Miami, Florida 33132

If you have any questions regarding the survey, you may contact Dr. Wasman at 376-1506.

Thank you for your cooperation.

OEA: 01/07/85
Multiagency Network - Survy1/awoj

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SCHOOL/AGENCY SURVEY

DO NOT WRITE IN THIS SPACE

Please circle the appropriate response.

Work Setting:

1. DCPS SED program
2. Monroe SED program
3. DCPS area office 1
4. Co-venture SED program
5. Community agency
6. Hospital program

Length of employment in this setting:

1. Less than one year
2. One year
3. Two years 2
4. Three years
5. More than three years

Length of time working with SED students in Dade or Monroe Counties:

1. Less than one year
2. One year
3. Two years 3
4. Three years
5. More than three years

Please indicate all the types of contact you have had with the Network. You may check more than one item.

___ I have had no contact with the Network. 4

___ I attended a meeting in which someone from the Network discussed the project. 5

___ The Network has assisted me with one case. 6

___ The Network has assisted me with two or five cases. 7

___ The Network has assisted me with more than five cases. 8

___ I attended an inservice training session sponsored by the Network. 9

___ I have been a part of the Interagency Council. 10

___ Network staff have participated in meetings with me. 11

___ I have received written materials from or about the Network. 12

___ Other: _____ 13

Auth: MIS: Exp. Date: Feb. 28, 1985

DO NOT WRITE
IN THIS SPACE

For those items using the general scale, please circle the appropriate response.

General Scale

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

1. I have a clear understanding of what the Network does and how I can utilize its services. 14

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

2. According to your information, which of the following services are provided by the Network? Please check those services which are provided.

___ Liaison services between the school system and HRS Case Committee 15

___ Needs assessment and planning for the SED student population 16

___ Psychodiagnostic services 17

___ Case management 18

___ Liaison service between residential/inpatient programs and the school system 19

___ Writing SED curriculum 20

___ Funding for residential treatment 21

___ Instructional materials for SED Programs 22

___ Interagency planning for regional SED population needs 23

___ Liaison services between the school system and community agencies 24

3. Since the Network began, I have encountered much fewer difficulties in providing case management services to SED students. 25

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

___ Not applicable

Auth: MIS: Exp. Date: Feb. 28, 1985

DO NOT WRITE
IN THIS SPACE

4. Please rate the level of ease or difficulty of the provision of the case management services listed below, both now and previous to the Network, according to the following scale. Write the number corresponding to your answer in the appropriate box.

1 - Always accomplished without problems
2 - Very easy to accomplish
3 - Fairly easy to accomplish
4 - Moderately difficult to accomplish
5 - Very difficult to accomplish
6 - Impossible to accomplish
7 - Not applicable

SERVICE	Pre-Network	Now	
Referral			26, 27
Assessment of Student Needs/Evaluation			28, 29
Education/Treatment Planning			30, 31
Monitoring			32, 33
Advocating for Services			34, 35
Resource Coordination/Development With Community Agencies			36, 37
Transfer of Information			38, 39

5. Other involved SED programs and/or agencies readily share all necessary clinical information with me regarding SED students with the required consents or authorizations. 40

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree

__ Not Applicable

6. Other involved SED Programs and/or agencies readily share all necessary educational information with me regarding SED students with the required consents or authorizations. 41

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree

__ Not Applicable

55

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DO NOT WRITE
IN THIS SPACE

7. It is often difficult getting other SED programs and or agencies to cooperate in coordinating services. 42

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Not Applicable

8. The referrals and placements of students in SED programs and agencies are often not appropriate. 43

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Don't Know

9. Since the Network began, referrals and placements made to programs and agencies have been more appropriate. 44

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Don't Know

10. The network shares its information on students in a timely manner. 45

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Don't Know

11. The Network fails to share enough information on students in residential or hospital settings. 46

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Not Applicable

12. At times I am reluctant to take a case to District because my input may be disregarded and/or I might be criticized for my work with the student. 47

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Not Applicable

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DO NOT WRITE
IN THIS SPACE

13. The District level has become more responsive since the Network was implemented. 48

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

__ Don't Know

14. Please indicate with a check the type of change that has occurred since the Network began in those areas listed below.

DONT' KNOW	NO CHANGE	INCREASE	DECREASE		
_____	_____	_____	_____	Funding for existing services for SED students	49
_____	_____	_____	_____	Number of SED students served	50
_____	_____	_____	_____	Amount of time spent on each SED student for case management	51
_____	_____	_____	_____	Number of different services provided for each SED student	52
_____	_____	_____	_____	Identification of SED students	53
_____	_____	_____	_____	Assessment of SED student population needs	54

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DO NOT WRITE
IN THIS SPACE

15. Please rate the availability of the following services for SED students. Write the appropriate number next to each service.

1 - Always available
2 - Usually available with only brief delays
3 - Delays average two to three weeks
4 - Delays average one month
5 - Delays average several months
6 - Delays often approach six months to a year
7 - Only occasionally available, regardless of delays
8 - Unavailable

___	Individual	55
___	Family counseling	56
___	Group counseling	57
___	Adaptive PE	58
___	Psychiatric - evaluation and other services	59
___	Art therapy	60
___	Foster care placement	61
___	Residential treatment	62
___	Group home placement	63
___	Emergency evaluation	64
___	Emergency hospitalization	65
___	Placement in appropriate educational setting	66
___	Transportation	67

16. Please list any other areas for which it is difficult to obtain services to meet the educational and treatment needs of SED students.

_____

_____

58

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DO NOT WRITE
IN THIS SPACE

17. Using the scale below, please rate the amount of improvement in the following areas since the Network began operation.

0 No improvement
1 Slight improvement
2 Moderate improvement
3 Substantial improvement
DK Don't know

___ Clinical services 68

___ Educational services 69

___ Interagency/program referral procedures 70

___ SED identification procedures 71

___ SED placement procedures 72

18. Please list any other areas that have improved since the Network began operating.

_____

_____

19. Please rate the quality of case management services. Circle your answer on the scale below. 73

Poor | Below Average | Average | Above Average | Excellent

20. The Network has greatly increased my knowledge of other SED programs and agencies that deal with SED students regarding their services and procedures. 74

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

Question 21 is to be answered by school SED personnel only.

21. In the past year I have <u>not</u> become more knowledge about Therapeutic Individual Educational Plans. 75

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

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DO NOT WRITE
IN THIS SPACE

Questions 22 and 23 are to be answered by Monroe County personnel only.

22. It was difficult for me to arrange to attend the inservice training on case management and behavior management sponsored through the Network. 76

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

__ Not Applicable

23. Please list any difficulties you have encountered regarding the accessibility of Network sponsored inservice training. 77

_____

_____

24. Are you aware of the computer system planned by the Network? 78
___ Yes ___ No

If yes,
Are you familiar with the specific types of information which will be stored in the computer system? 79
___ Yes ___ No

25. I have <u>not</u> received sufficient assistance from the Network. 80

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

26. What additional types of assistance would you like from the Network?

_____

_____

_____

27. It would be of great benefit to have the Network continue after this year.

Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree

Auth: MIS; Exp. Date: Feb. 28, 1985

DO NOT WRITE
IN THIS SPACE

28. How could the Network be improved? 81

_____

_____

_____

_____

29. In what ways has the Network been of most assistance?

_____

_____

_____

APPENDIX B

MULTIAGENCY NETWORK
INTERAGENCY COUNCIL INTERVIEW

Type of Work Setting _____

1. How effective is the Network?

1 2 3 4 5 6 7 8 9 10

Totally Ineffective — Extremely Effective

Comments: _____

_____

_____

_____

2. How is the Network functioning?

1 2 3 4 5 6 7 8 9 10

Very Poorly — Very Well

Comments: _____

_____

_____

_____

3. Have SED services been improved as a result of the Network?
_____ Yes _____ No

If yes, in what way(s)?

_____

_____

_____

RT-1650/awoj

4. Has the identification of SED students improved as a result of the Network?

_____ Yes _____ No

If yes, in what way(s)?

_____

_____

_____

5. In what area(s) has the Network had the most impact?

_____

_____

_____

6. What direction should the Network take from here?

_____

_____

_____

7. How effective is the Interagency Council?

1 2 3 4 5 6 7 8 9 10

Totally Ineffective — Extremely Effective

Comments: _____

_____

_____

_____

The School Board of Dade County, Florida adheres to a policy of nondiscrimination in educational programs/activities and employment and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964, as amended - prohibits discrimination in employment on the basis of race, color, religion, sex, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of sex.

Age Discrimination Act of 1967, as amended - prohibits discrimination on the basis of age between 40 and 70.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the handicapped.

Florida Educational Equity Act - prohibits discrimination on the basis of race, sex, national origin, marital status or handicap against a student or employee.

Veterans are provided re-employment rights in accordance with P.L. 93–508 (Federal) and Section 295.07, Florida Statutes, which also stipulates categorical preferences for employment.